

CAED 435 (Rev. 03/15)		United States District Court, Eastern District of California		Case 1:20-cr-00238-JLT-SKO Document 1946 Filed 06/11/25 Page 1 of 1		FOR COURT USE ONLY DUE DATE:	
TRANSCRIPT ORDER							
PLEASE Read Instruction Page (attached):							
1. YOUR NAME James Thomson		2. EMAIL James@ycbtal.net		3. PHONE NUMBER 510-525-9123		4. DATE June 11, 2025	
5. MAILING ADDRESS 732 Addison Street, Suite A				6. CITY Berkeley		7. STATE CA	
8. ZIP CODE 94710							
9. CASE NUMBER 20-cr-238-JLT-SKO		10. JUDGE Oberto		DATES OF PROCEEDINGS			
				11. FROM 12/4/2024		12. TO 12/4/2024	
13. CASE NAME United States v. Justin Gray				LOCATION OF PROCEEDINGS			
				14. CITY Fresno		15. STATE California	
16. ORDER FOR							
<input type="checkbox"/> APPEAL No. _____		<input type="checkbox"/> CRIMINAL		<input checked="" type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) You must provide the name of the Reporter.							
TRIAL		DATE(S)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		HEARINGS	
<input type="checkbox"/> ENTIRE TRIAL						<input checked="" type="checkbox"/> OTHER (Specify Below)	
<input type="checkbox"/> JURY SELECTION						Motion for Specific Discovery	
						12/4/2024	
<input type="checkbox"/> OPENING STATEMENTS						ECRO: Otilia Rosales	
<input type="checkbox"/> CLOSING ARGUMENTS							
<input type="checkbox"/> JURY INSTRUCTIONS							
<input type="checkbox"/>							
<input type="checkbox"/>							
18. ORDER (Grey Area for Court Reporter Use)							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
ORDINARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES				
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).				ESTIMATE TOTAL			
19. SIGNATURE /s/ James Thomson				PROCESSED BY			
20. DATE 6/11/2025				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS			
ORDER RECEIVED		DATE	BY				
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED				TOTAL CHARGES			
TRANSCRIPT RECEIVED				LESS DEPOSIT			
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT				TOTAL DUE			